

Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

2014 Recommendations

New Mexico's rates of drug overdose death have been significantly higher compared to those of the nation. In the past two years, New Mexico's rate has decreased 16%, ranking now third on drug overdose death rate. Although, during the same time period, the US rate has increased 5%, New Mexico's rate remains higher than the national rate, with 21.8 deaths per/100,000 population reported in 2013.

In New Mexico, the drug overdose death rate increased almost 300% between 1990 and 2012, mostly due to dramatic increases in prescription drug overdose death rates, particularly due to opioids, while the death rate from illicit drugs has remained steady. Similarly, sales of prescription opioids increased steadily over the past decade. Between 2001 and 2012, for example, oxycodone sales (in grams) in New Mexico increased 321%. More recent data from the New Mexico Prescription Drug Monitoring Program show a 4.3% decrease on total MME dispensed between 2011 and 2013, making for a two-year-in-a-row decrease.

The national review of state prescription drug misuse prevention policy, published by Trust for America's Health in October of 2013, rated New Mexico one of only two states that had in place all 10 recommended policy indicators: Prescription Drug Monitoring Program (PDMP); mandatory utilization of PDMP; doctor shopping laws; Medicaid eligibility expansion under the Affordable Care Act; prescriber education; Good Samaritan law; support of rescue drug [naloxone] use; physical exam requirement prior to opioid prescription; ID requirement to fill opioid prescription; and pharmacy lock-in programs with the state Medicaid Plan. Additionally, in 2014 New Mexico approved the Pharmacists Prescriptive Authority, which allows pharmacists to prescribe naloxone to anyone at risk, or around people at risk, of overdosing with opioids. Also that same year, Medicaid started covering the cost of naloxone, emergency first responders were authorized to carry it, and all licensing boards developed rulings on the use of the PDMP by their licensees.

Some of these policy initiatives are new and their reach and impact will be measured best over the course of years to come. Neither physician prescribing practices nor consumer demand for painkillers have changed dramatically since many of the policies were instituted, and death rates continue to be high. The following 2014 recommendations proposed by this Advisory Council are intended to solidify and expand on this initial success.

1. The University of New Mexico (UNM) Health Sciences Center should include substantial training in curricula regarding effectively treating pain and safe prescribing of opioids and other controlled substances.

2. The Department of Health (DOH) should collaborate with other state agencies, local governments and community partners to assure broad access to naloxone in clinical, pharmacy, and community-based venues.
3. DOH should support naloxone policy development with community-based overdose prevention efforts and public safety agencies, including state, county and municipal law enforcement.
4. The New Mexico State Legislature should designate a new Advisory Council membership slot for the Prescription Monitoring Program director (in addition to the Board of Pharmacy representative).
5. The New Mexico Congressional Delegation should support the expansion of buprenorphine prescriptive authority to include all mid-level practitioners who have received proper training.
6. The health care provider licensing boards should encourage prescribers to use office-based and/or lab-based toxicology testing for the purpose of chronic opioid medication treatment plan monitoring.
7. All licensing boards whose members include controlled substance prescribers should develop a process to monitor the utilization of the Prescription Drug Monitoring Program by their licensees in accordance with board rules.
8. The DOH and UNM Health Sciences Center should conduct an anonymous survey of chronic pain patients to address what their needs might be and learn more about this patient pool.
9. The Office of Medical Investigator and DOH should implement a Drug Overdose Death module in the National Violent Death Reporting System.
10. Licensing boards should recommend that providers consider non-opioid & non-pharmacological treatment before opioids are prescribed for chronic pain patients.